

may then be applied; and to do so, the ends of the blades must be separated, and the fulcrum laid in the hollow and slid down until the buttons are locked in the slits on each side; then making pressure in the middle, with a gentle to and fro movement, the body may be withdrawn.

In appreciating the utility of this instrument, the shape of the cavity must be referred to. The meatus auditorius externus is described as an ovoidal canal about one inch long and three lines in diameter, part bony and part membrano-cartilaginous, and curved. It is somewhat constricted in the middle, and lined throughout by a membrane, which crosses the internal extremity obliquely and closes it, and constitutes the membrana tympani. The external extremity of the canal is overhung by a part of the external ear. It will be readily perceived that a foreign body of any considerable size, that passes the middle of the canal, will be much more difficult to remove, on account of the narrowing in the middle.

Dr. COATES remarked upon the difficulty, and the best mode of extracting foreign bodies from the meatus auditorius. The danger of injuring the membrana tympani rendered all instrumental interference more or less objectionable. He had thought that quicksilver might be employed with caution for the purpose; and he would now make the suggestion, as one of an expedient, at least, worth the trial. A small quantity only should be used, just enough to float the intruding body, without injuriously pressing on the membrana tympani. The only objection that he was aware of, was the possible existence of an opening in the membrane. Such an opening, however, would rarely occur; and might generally be suspected, when present, from previous symptoms which would be ascertained by inquiry.

Dr. CORSE thought that the quicksilver might answer for living insects, and for bodies not firmly impacted. He had removed the latter, and dead insects by means of strong jets of water from a good-sized syringe with a very slender nozzle, in the usual way. Insects, however, on account of the insufferable noise and pain occasioned in the ear, are generally killed with oil, and in dying fasten themselves with their claws, so as to be not easily detached. The quicksilver would be apt to fail in such cases. Dr. CORSE then dwelt at some length on the difficulties in the efficient use of the ordinary instruments.

Uterus taken from a Patient who had died, of Acute Disease of the Brain, whilst Menstruating.—Dr. W. W. GERHARD exhibited this specimen, and gave the following particulars of the case:—

Elizabeth Cook, æt. 25 years; English; married 7 years ago; has had two miscarriages and one still-birth; subject lately to menorrhagia, the discharge returning profusely every two weeks. She died of apoplexy, in the Pennsylvania Hospital, during one of her menstrual periods.

He was indebted to Dr. PACKARD for the following statement relative to the post-mortem appearances of the part exhibited :—

All the sexual organs were greatly reddened, especially the uterus, the left ovary, and the left Fallopian tube, which latter presented an enlargement near its fimbriated extremity. The inner surface of the uterus was of a very bright red colour, and the orifices of its follicular glands very perceptible; the mucous membrane seemed also to have a finely papillated or villous character.

The epithelium, being scraped off and examined under the microscope, was found to consist of a mixture of columnar and squamous cells. No evidence of any new formation could be detected.

The left Fallopian tube, carefully slit open from one end to the other, contained, in the dilatation above alluded to, a quantity of dirty red, grumous liquid, which, under the microscope, was found to consist of the ordinary ciliated columnar epithelium of the tube, and of masses of corpuscles, resembling nuclei; the form of the masses was very irregular, depending entirely upon the position assumed by the corpuscles.

At several points on the surface of each ovary, there were minute dots, like orifices, each one corresponding to a Graafian vesicle. Two of these being laid open, their contents were examined under the microscope, and found to present a few granular nucleated cells of considerable size, floating in a homogeneous liquid. Patches of extremely delicate squamous epithelium were found in the scrapings of the lining membrane of the vesicles.

Cancer and Abscess of the Liver.—Dr. LEVICK exhibited the liver of a woman, æt. 35, who had died a few days before in the Pennsylvania Hospital. She had been a nurse for many years, and was admitted into the hospital on the 26th of June. She complained, at this time, of a dull, dragging pain in the lower part of her abdomen, which she had suffered more or less from, since last Christmas, previous to which time, she said her health had for the most part been good. She was but moderately emaciated, pale, but not jaundiced. There was complete dulness, on percussion, over the entire region of the abdomen, which latter was tense and painful under strong pressure.

The ointment of iodine was applied to the surface of the abdomen, and the patient ordered quinine and nutritious food. A few weeks later, she was attacked with an eruption of large pustules, which appeared in such numbers that the whole body was covered with them, and the patient died, worn out with the exhausting effects of the discharge and suppurative fever accompanying it.

After death, the liver was found to occupy almost the entire cavity of the abdomen, measuring, as might then be seen, 19 inches in its vertical diameter, and 16½ inches transversely. A tape encompassing it longitudinally measured 30¾ inches, transversely 29½ inches. Its weight is 9¾ lbs.¹ It might be seen

¹ The ordinary measurements, as given in the books, are—vertical diameter about 7 inches, transverse diameter 10 to 12 inches, weight from 3 to 5 pounds.